

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4	/					
5						
6						
7		2				
8						
9						
10						
11						
12		2				
13	/					
14	/					
15	/					
16						
17	/					
18						
19	/					
20						
21	/					
22	/					
23	/					
24						
25		4				
26						
27		4				
28		4				
29		4				
30						
31		5				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		4				
39		11				
40		4				
41		3				
42		12				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	73					
TOTAL CLAIMS	79					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						